Integration of Behavioral Health and Sexual Health a Bi-Directional Approach

Calvert County Health Department
Michael Bridgett CRNP

Focus Areas

- Screening Tools
- Clinical Flow
- Case Management
- Outreach
- Collaboration



Clinical Flow





NAME

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

DATE:

Over the last 2 weeks, how often have you been				
bothered by any of the following problems?			T	T
(use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite —being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
	add columns		+	+
(Healthcare professional: For interpretation of TOT please refer to accompanying scoring card).	TAL, TOTAL:			
10. If you checked off any problems, how difficult		Not diffi	icult at all	
have these problems made it for you to do		Somew	hat difficult	
your work, take care of things at home, or get		Very dif		
along with other people?		•		
		Extrem	ely difficult	

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PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

- Patient completes PHQ-9 Quick Depression Assessment.
- If there are at least 4 √s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 √s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 √s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

- Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
- 2. Add up √s by column. For every √: Several days = 1 More than half the days = 2 Nearly every day = 3
- 3. Add together column scores to get a TOTAL score.
- 4. Refer to the accompanying PHQ-9 Scoring Box to interpret the TOTAL score.
- Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every \checkmark Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

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The CRAFFT Screening Interview

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

PART A

During the PAST 12 MONTHS, did you:

		NO	YES
1.	Drink any <u>alcohol</u> (more than a few sips)?		
	(Do not count sips of alcohol taken during family / religious events)		
2.	Smoke any marijuana or hashish?		
3.	Use anything else to get high?		
	("anything else" includes illegal drugs, over the counter and prescription drugs, and things		
	that you sniff or "huff")		

For clinic use only: Did the patient answer "yes" to any questions in Part A?

Ask CAR question only, then stop	Ask all CRAFFT questions
↓	\
NO 🗆	YES □

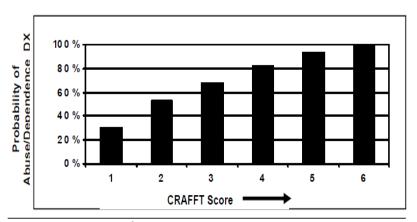
IR1	<u>*B</u>	
1.	Have you ever ridden in a <u>CAR</u> driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	
2.	Do you ever use alcohol or drugs to RELAX , feel better about yourself, or to fit in?	
3.	Do you ever use alcohol or drugs while you are by yourself, or <u>ALONE</u> ?	
4.	Do you ever FORGET things you did while using alcohol or drugs?	
5.	Do your FRIENDS or FAMILY ever tell you that you should cut down on your drinking or drug use?	
6.	Have you ever gotten into TROUBLE while you were using alcohol or drugs?	

SCORING INSTRUCTIONS: FOR CLINIC STAFF USE ONLY

CRAFFT Scoring: Each "yes" response in **Part B** scores 1 point.

A total score of 2 or higher is a positive screen, indicating a need for additional assessment.

Probability of Substance Abuse/Dependence Diagnosis Based on CRAFFT Score^{1,2}



DSM-IV Diagnostic Criteria³ (Abbreviated)

Substance Abuse (1 or more of the following):

- Use causes failure to fulfill obligations at work, school, or home
- · Recurrent use in hazardous situations (e.g. driving)
- · Recurrent legal problems
- · Continued use despite recurrent problems

Substance Dependence (3 or more of the following):

- Tolerance
- Withdrawal
- Substance taken in larger amount or over longer period of time than planned
- . Unsuccessful efforts to cut down or quit
- · Great deal of time spent to obtain substance or recover from effect
- · Important activities given up because of substance
- · Continued use despite harmful consequences

EHR

Calvert County Health Department Prince Frederick, Md 20678 BRIDGE TO HEALTH/HEALTHY BEGINNINGS COLLABORATIVE PROJECT

	ID#
Name:	DOB Age
CRAFFT: Select ▼	
PHQ-9: Select ▼	
Referrals made: Substance Abuse: O Yes O No O Not	: Indicated
Mental Health: ○ Yes ○ No ○ Not In ○ For Optional Reproductive Health History click here	ndicated
Initial Notes:	
Initial notes	
30 Day Notes:	
30 Day follow up	
60 Day Notes:	
60 Day follow up	

Case Management

- Warm Handoff
- Provider List
- 30 Day Follow-Up
- 60 Day Follow-Up



Outreach

- Anchor
- Carol Porto
- Calvert County Behavioral Health Services
 - Addiction Counseling
 - Mental Health Counseling



Outreach Topics

- Testing (Syphilis, HIV, Hepatitis)
- Education
 - **STIs**
 - RLP/Contraception
 - Overdose Prevention
 - Naloxone -Combination- Tolerance- Treatment
 - Substance use in pregnancy
 - Health Department Services
 - Needle exchange programs

Healthy Beginnings Testing and RLP Form						
DOS:	Name: (Last)	(First)	(MI)	Social Security Number	DOB:	
Address:	(Home) P	hone: (C)	((H)	(ER contact)	
(SEE ADI	MINISTRATION DATA)					
Race:					Ethnicity:	
Race.					Ethnicity.	
Having a		•		Reproductive Life Plan is a : ange your mind over time	set of goals that you can make - that's okay.	
Reason	for Visit: Requesting Re	productive Health	information a	nd to be tested for HIV, H	epatitis, and Syphilis.	
0			<u>_</u>			
:	What birth control met What methods are you Would you like for us to	interested in using?				
Complete	e these questions if you	desire testing for H	HIV, Syphilis, H	lepatitis C,or Hepatitis B		
Have you	ever been treated for sy	/philis?				
Have you	been told that you are h	lepatitis B or C pos	itive?			
Have you	ever been vaccinated fo	r hepatitis B?				
Have you	been told that you are I	HV positive?				

For Staff use only below this line							
Testing/Services							
Pregnancy Testing	Pregnancy Testing Tdap						
Hepatitis C		Influenza	Influenza				
Hepatitis B		Prenatal Vitamins					
HIV		MVI					
Syphilis		Comments:					
Education/Counsel	ing						
Reproductive Life	Substance use	Overdose	STI/Risk	HIV	Hep C	Contraception	Health
Plan √	in Pregnancy	Prevention	Assessment	٧	٧	٧	Choice
	٧	٧	٧				Education
							٧

ASSESSMENT: 1) Past History of High Risk Behaviors.

NOTES: Plan: Education given on // is as follows:

Drugs and ETOH effects on pregnancy, fetus and the infant. Also effects of drug use on the family unit.

Fetal Alcohol Syndrome the Drug affected Baby Shaken Baby Syndrome

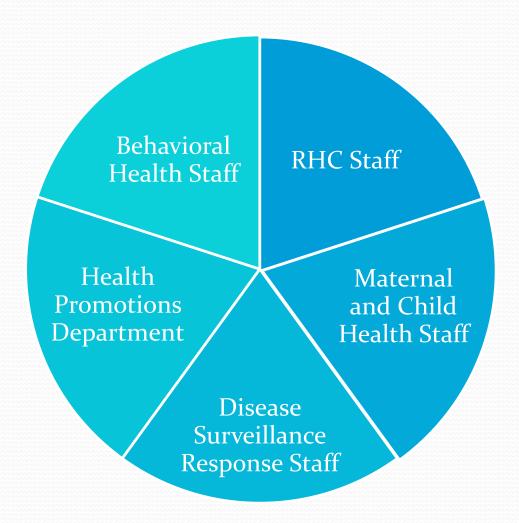
Birth Control Methods

STDs and there effect on pregnancy, fetus, and infant. STD Prevention, detection and treatment options.

Condoms dispensed

M. Bridgett CRNP

Collaboration



Bi-Directional Referrals

Bridge to Health Contraceptive Screening Tool							
Name: (Last)	(First)	(MI)	Social Security Number	DOB:			
Address: (Home)		Phone: (C)	(H)	(ER contact)			
Sex: (circle choice) Male		Female		Transgender			
Race: (circle all that apply)				Ethnicity: (circle one)			
	- A-i/Disi-		ala Nasion				
		: American Indian/Ala	ska Native	Latino/Hispanic			
Other (fill in)	_			Not Hispanic/Latino			
Having a Life Plan helps yo	u make importan	at choices in your life. A	Penroductive Life Plan	is a set of goals that you			
	•	•	hange your mind over ti				
		My Reproductive Life Pl	an				
What you need to think about:							
Do I want children? How many			-	next baby? How many years			
would I like there to be between	en my children? Do						
What hirth control me	ethods are you and	Answer these Question	ons				
What birth control me							
Would you like us to c							
Yes	or	No					
If you circled "yes" that you would like Calvert County Health Department to offer you birth control we will call you at the numbers							
you listed above. If you prefer us to contactyou at a different number or email address please list it below:							
By signing this statement you are allowing Calvert County Health Department Mental Health, Substance Abuse Services, and							
Reproductive Health Center st	aff to share your he	alth information between d	lepartments to coordinate a	nd provide care for you.			
Signature:			Date:				

Challenges

- Behavioral Health RLP Screenings
- Telephone Screening
- Locating Clients
- Refusal of Care
- Clinical Staff Time
 - 1 FTE CRNP (Manager, clinic, outreach)
 - ❖.6 FTE Medical Assistant
 - ❖1.6 FTE Registered Nurses



Successes

- Identified Behavioral Health Needs
- 49 LARC Placed in 12 mths
- No Known Removals
- 25 Cases Hepatitis C Identified
- 2 Cases Hepatitis B Identified
- 8 Pregnancies Identified at Treatment Facilities

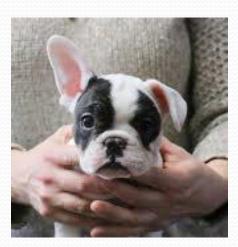
The average 7-10 day NICU admission for a baby near full term costs approximately \$50,000.

Cost for a baby born at 28 weeks is >\$250,000.



"Public health is public wealth." B. Franklin

Questions & Answers



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